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CONFIRMATION NO. 7655

SERIAL NUMBER 09/992,984	FILING OR 371(c) DATE 11/05/2001 RULE	CLASS 713	GROUP ART UNIT 2435	ATTORNEY DOCKET NO. CH920000018US1
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** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 124071.2 11/06/2000				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/13/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 1	TOTAL CLAIMS 19
				INDEPENDENT CLAIMS 5
ADDRESS 25259				
TITLE				
FILE LANGUAGE VERIFICATION				
FILING FEE RECEIVED 1338	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	